

EXHIBIT A

**Certified Copy of State Court Docket Sheet
Cause No. 11384; County Court at Law of Anderson County, Texas**

ANDERSON COUNTY

CASE DOCKET

CASE NO. 11384

MARY HODGE
VS.
MURPHY HEALTHCARE III, LLC
aka FRANKSTON HEALTHCARE CENTER

§
§
§
Location: County Court at Law
Judicial Officer: Doran, B. Jeffrey
Filed on: 01/15/2010

CASE INFORMATION

File Date 01/15/2010 Case Type: SUIT ON DEBT
Cause of Action Description/Remedy
Debt and Money Due Action

PARTY INFORMATION

Plaintiff	HODGE, MARY	Lead Attorneys WHITEHURST, BOB Retained
Defendant	MURPHY HEALTHCARE III	

DATE	EVENTS & ORDERS OF THE COURT	INDEX
01/15/2010	Q ORIGINAL PETITION FILED (OCA)	
01/15/2010	Q Plaintiff's Request for Disclosure	
01/15/2010	Q Interrogatories PLAINTIFFS FIRST INTERROGATORIES TO DEFENDANT	
01/15/2010	Q Clerk Notes PLAINTIFFS FIRST SET OF PRODUCTION OF DOCUMENTS TO DEFENDANT	
01/15/2010	Q CITATION CITATION ISSUED AND SENT TO S/O FOR SERVICE	
01/25/2010	CITATION - RETURN TO COURT RET'D EXECUTED ON 01.15.10-REC'D IN OUR OFFICE 01.25.2010	

CERTIFIED COPY CERTIFICATE
STATE OF TEXAS
COUNTY OF ANDERSON

The above and foregoing is a full, true and correct photographic copy of the original record now in my lawful custody and possession, as the same is filed / recorded in the public records of my office.



I hereby certify on 2-16-2010
WANDA BURKE, COUNTY CLERK
ANDERSON COUNTY, TEXAS

BY Wanda Burke DEPUTY

CERTIFIED TO BE A TRUE AND
CORRECT COPY
WANDA BURKE, COUNTY CLERK
ANDERSON COUNTY
PAGE 1 OF 1

EXHIBIT B
Pleadings

CAUSE NO. 11384

MARY HODGE § IN THE COUNTY COURT AT LAW
VS. § §
MURPHY HEALTHCARE III, LLC § IN AND FOR
A/K/A § ANDERSON COUNTY, TEXAS
FRANKSTON HEALTHCARE CENTER §

PLAINTIFF'S ORIGINAL PETITION

NOW COMES, MARY HODGE, complaining of MURPHY HEALTHCARE III, LLC; A/K/A FRANKSTON HEALTHCARE CENTER, and for cause of action would show the Court as follows:

I.

Plaintiff, MARY HODGE, is an is a citizen of the United States and a resident of Henderson County, Texas.. Defendant is MURPHY HEALTHCARE III, LLC; A/K/A FRANKSTON HEALTHCARE CENTER, who may be served with process by and through its owner, Tom Murphy, 303 Murchison St., Frankston, Texas 75763.

II.

This case is a Level 2 under the Discovery Control Plan, pursuant to Rule 190.1.

III.

Plaintiff was an employee of Defendant. Plaintiff worked for off the clock for defendant, with the knowledge of Defendant, for which Plaintiff was not paid wages.

Attached as Exhibit "A" is a table of the hours actually worked by Plaintiff.

IV.

FILED FOR RECORD
at 1:55 o'clock P

PLAINTIFF'S ORIGINAL PETITION

Page 1

JAN 15 2010

WANDA BURKE
County Clerk, Anderson County, Ti
By JAC De

Plaintiff is an employee, and Defendant is an employer, as those terms are defined in the Fair Labor Standards Act, Title 29, Sections 201-219, of the United States Code. Plaintiff's principal activities while employed by Defendant were in commerce and the production of goods for commerce or working for an enterprise engaged in commerce or the production of goods for commerce, as defined in the Fair Labor Standards Act. Specifically, Plaintiff was employed as a Nurse.

V.

The payments are proper for the 40 hours week referred to above but do not include any pay for which Plaintiff worked off the clock during her breaks for lunch as set forth in Exhibit "A" attached hereto, in that Plaintiff was entitled to at least \$5,184.65 in accordance with the Fair Labor Standards Act, Title 29, Sections 206 and 207, of the United States Code. Therefore, Plaintiff seeks judgment against Defendant for the sum of at least \$5,184.65 Additionally, Plaintiff is entitled to recover and equal sum as liquidated damages.

VI.

Per agreement with Defendant, Plaintiff was entitled to vacation pay for hours worked after a certain period of employment. Plaintiff was entitled to forty (40) hours of vacation pay per said agreement, that Plaintiff was not paid, being the amount of \$780.00. In addition the last day of work for Plaintiff was December 27, 2009, for which Plaintiff was not paid, in the amount of \$156.00.

VII.

It is necessary for Plaintiff to have the services of an attorney to institute and prosecute this

action against Defendant. Plaintiff is entitled to recover \$7,500.00 to compensate Plaintiff for attorney's fees, which is a reasonable charge for the services rendered in bringing this action. In the event of an appeal to the court of appeals, Plaintiff would further be entitled to \$6,000.00 as reasonable attorney's fees; in the event of an appeal to the Supreme Court, Plaintiff would be entitled to an additional \$4,500.00 as reasonable attorney's fees.

WHEREFORE, Plaintiff requests that Defendant be cited to appear and answer, and that on final trial, Plaintiff have judgment against Defendant for:

1. Unpaid wages and overtime compensation in the sum of at least \$5,184.56;
2. Liquidated damages in an amount equal to the unpaid wages and overtime compensation recovered, the sum of which is at least \$5,184.56.
3. Vacation pay and unpaid wages in the amount of \$936.00.
3. Attorney's fees in the amount of \$7,500.00, together with \$6,000.00 in the event of an appeal to the court of appeals and \$4,500.00 in the event of an appeal to the Texas Supreme Court.
4. Interest on the judgment at the legal rate from the date of judgment until paid.
5. Costs of court, and such other and further relief to which Plaintiff may be entitled.

Respectfully submitted,


BOB WHITEHURST
Attorney at Law
102 N. College, Suite 808
Tyler, TX 75702
State Bar No. 21358100
(903) 593-5588
Attorney for Plaintiff

PLAINTIFF'S ORIGINAL PETITION

Page 3

EXHIBIT "A"

Date	Hours Worked	Hours Paid	Hourly Rate	Total Overtime	Overtime Rate	Amount Owed
01/01/07 to 02/01/07	160 hours	160 hours	\$19.50	5 hrs.	\$29.25	\$146.25
02/01/07 to 03/01/07	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
03/01/07 to 04/01/07	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
04/01/07 to 05/01/07	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
05/01/07 to 06/01/07	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
06/01/07 to 07/01/07	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
07/01/07 to 08/01/07	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
08/01/07 to 09/01/07	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
09/01/07 to 10/01/07	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
10/01/07 to 11/01/07	160	160	\$19.50	5 hrs.	\$29.25	\$146.25

11/01/07 to 12/01/07	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
12/01/07 to 01/01/08	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
01/01/08 to 02/01/08	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
02/01/08 to 03/01/08	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
03/01/08 to 04/01/08	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
04/01/08 to 05/01/08	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
05/01/08 to 06/01/08	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
06/01/08 to 07/01/08	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
07/01/08 to 08/01/08	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
08/01/08 to 09/01/08	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
09/01/08 to 10/01/08	160	160	\$19.50	5 hrs.	\$29.25	\$146.25

PLAINTIFF'S ORIGINAL PETITION

Page 5

10/01/08 to 11/01/08	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
11/01/08 to 12/01/08	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
12/01/08 to 01/01/09	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
01/01/09 to 02/01/09	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
02/01/09 to 03/01/09	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
03/01/09 to 04/01/09	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
04/01/09 to 05/01/09	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
05/01/09 to 06/01/09	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
06/01/09 to 07/01/09	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
07/01/09 to 08/01/09	160	160	\$19.50	5 hrs.	\$29.25	\$146.25
08/01/09 to 09/01/09	160	160	\$19.50	5 hrs.	\$29.25	\$146.25

PLAINTIFF'S ORIGINAL PETITION

Page 7

EXHIBIT C
Citation

THE STATE OF TEXAS
COUNTY OF ANDERSON
CAUSE NO: 11384

CITATION

Serve RECEIVED
ANDERSON COUNTY
SHERIFF'S DEPT.
8211

2010 JAN 15 PM 4:43

TO: MURPHY HEALTHCARE III aka Frankston Healthcare Center
TOM MURPHY
303 MURCHISON ST
FRANKSTON TX 75763

Defendant, in the hereinafter styled and numbered cause: 11384

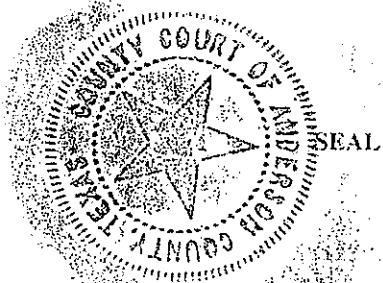
YOU ARE HEREBY COMMANDED to appear before of ANDERSON COUNTY, TEXAS to be held at the COURTHOUSE located at **500 NORTH CHURCH STREET – 3rd FLOOR** of said County in the City of Palestine, Texas, by filing a written answer to the petition of plaintiff – at or before 10:00 A.M. of the Monday next after the expiration of 20 days after the date of service hereof at the County Clerk's office at 500 N. Church Street – Rm. 10, Palestine, TX 75801, a copy of which accompanies this citation, styled:

**MARY HODGE
vs.
MURPHY HEALTHCARE III, LLC
aka FRANKSTON HEALTHCARE CENTER**

Filed in said court on this the 15th day of January, 2010

NOTICE TO DEFENDANT: "You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 A.M. on the Monday next following the expiration of 20 days after you were served this citation and petition, a Default Judgment may be taken against you."

ISSUED AND GIVEN UNDER MY HAND AND SEAL OF SAID COURT AT PALESTINE, TEXAS,
on this the 15th day of January, 2010.



Wanda Burke, County Clerk
Anderson County Courthouse
500 N. Church Street Room 10
Palestine, Texas 75801

By Misty Cross
Misty Cross Deputy Clerk

ATTORNEY OF RECORD FOR PLAINTIFF:
BOB WHITEHURST
102 N COLLEGE, SUITE 808
TYLER, TX 75702

DELIVERED THIS 20 DAY OF MAY, 2010
SHERIFF ANDERSON COUNTY TEXAS
BY Keith Sessions
DEPUTY

OFFICER / AUTHORIZED PERSON'S RETURN

CAME to hand on the _____ day of _____, 20____ at _____ o'clock ___ M.
Executed at _____ within the County of _____ at
_____ o'clock ___ M.

On THE _____ day of _____ 20____, by delivering to the within named accompanying
copy of petition, having first attached such copy of such petition to such copy citation and endorsed on
such copy of citation the date of delivery.

NOT EXECUTED, the diligence used to execute being
_____, for the following reason
_____, THE
DEFENDANT may be found _____.

The distance actually traveled by me in serving process was _____ miles, and my fees are as
follows:

For serving this citation.....	\$	_____
For Mileage.....	\$	_____
TOTAL FEES.....	\$	_____

TO CERTIFY WHICH WITNESS MY HAND OFFICIALLY.

Sheriff/Constable
County, Texas
Deputy
Authorized
Person

On this day, _____ known to me to be the person
whose signature appears on the foregoing return, personally appeared. After being by me duly sworn,
he/she stated that this citation was executed by him/her in the exact manner recited on the return.

SWORN TO AND SUBSCRIBED BEFORE ME on this the _____ day of
_____, 20____.

Notary Public